

Acton Council on Aging

Friendly Visitor Information

Date: _____

NAME: _____ DAY PHONE: _____

ADDRESS: _____ EVE. PHONE: _____

E-Mail: _____ EMERGENCY CONTACT: _____

Service Interests: (Check all that apply)

_____ Male _____ Female

_____ Do you speak languages other than English?

_____ Visiting homebound seniors

_____ Shopping Assistance

_____ Medical Appt. Escort

Days and times available for visiting: _____

How did you learn about the Friendly Visitor Program? _____

Why would you like to volunteer? _____

What are some of your skills/hobbies/interests? _____

What are your previous and/or present volunteer experiences? _____

Do you have allergies which would affect your placement (i.e. pets, smoke, etc.)? _____

References (People who have known you in either a work or volunteer capacity if possible):

1. NAME: _____ PHONE: _____

ADDRESS: _____

How do they know you? _____

Comments from reference contact: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____

How do they know you? _____

Comments from reference contact: _____

APPLICATION DATE: _____ C.O.R.I. COMPLETED: _____ ASSIGNED TO FIRST VISIT: _____